



# KIDS GET CARE RECIPE

## King County Health Action Plan, Public Health – Seattle & King County

<b>Focus:</b>	Ensure that children, regardless of insurance status, receive early integrated preventive physical, oral and developmental health services through attachment to medical and dental homes.		
<b>Target Population:</b>	Low-income children birth to 18 years of age in King County		
	<b>What you need...</b>	<b>What they do...</b>	<b>When blended together the system of care is transformed by...</b>
<b>People:</b>	Champion – at least one  Program Manager - one Case Managers –one at each clinic hub site  Community Educator - one  Community Advocates - multiple	<ul style="list-style-type: none"> <li>– Provide top level support, broad expertise, energy and credibility to the project</li> <li>– Coordinates overall efforts to meet the project goals and outcomes</li> <li>– Work specifically with target population, troubleshoots issues that prevent access to care, coordinates inreach effort at hub sites and outreach effort with CBOs</li> <li>– Works within clinic and target communities training “trainers”, teaching preventive practices and the importance of a health care home</li> <li>– Respected members of a community who provide credibility to health promotion messages</li> </ul>	Building capacity in a clinic system and the surrounding community through a shared focus on early integrated preventive care and reducing barriers to care
<b>Resources:</b>	<u>Community Tools</u> Health Education Materials  “Red Flag” Development & Oral Health Tools <u>Clinical Tools</u> EPSDT Forms Clinical Caries Risk Assessment Tool	<ul style="list-style-type: none"> <li>– Provide health information and sources of care to parents and child advocates</li> <li>– Help parents and advocates catch problems earlier</li> <li>– Ensure that well child visits are comprehensive</li> <li>– Allows primary care medical providers to assess the oral health of a child and when to provide fluoride varnish</li> </ul>	Providing a multi-dimensional integrated approach to health that includes physical, mental, social, emotional, developmental and oral health domains
<b>Community Infrastructure:</b>	FQHCs and/or other community based clinics  CBOs  Other Community Providers  CHAP ( or Healthy Mothers, Healthy Babies)	<ul style="list-style-type: none"> <li>– Provide integrated preventive health care and dental services to low income children</li> <li>– Such as WIC, Early Head Start, Head Start, ECEAP, child care providers... provide connections to families with young children</li> <li>– Such as mental health specialists or pediatric dentists serve as consultants to project and a referral source for specialty care</li> <li>– Central referral source for the community – one stop shopping for families seeking care</li> </ul>	Creating a service-based program that links children to a community-based, integrated continuum of care
<b>Approximate Cost:</b>	Champion – priceless, Program Manager- in-kind, Case Manager* - \$38,400 (per clinic site), Community Educator * - \$48,000 (serves 5-10 sites), Community Advocates – no cost		
<b>2 Year Outcomes:</b>	<ul style="list-style-type: none"> <li>– Over <b>9,000</b> children connected to health care homes and over <b>45,000</b> children scanned for developmental milestones</li> <li>– <b>41%</b> average increase in percentage of two-year-olds up-to-date with Well Child Checks, from 53% to 75% overall. Note that two-year-olds with up-to-date Well Child Checks have been shown to be 48% less likely to have avoidable hospitalizations (Hakim, Pediatrics, July 2001)</li> <li>– <b>373%</b> increase in the number of oral health screenings done by medical providers at one participating clinic</li> </ul>		
<b>Cost Savings and Return on Investment (ROI):</b>	<ul style="list-style-type: none"> <li>– <b>Potential net annual statewide savings of ~ \$1.8 million annually</b>, for increasing EPSDT up-to date rates of birth to three-year olds by 41% (Wysen, KCHAP, 12/03)</li> <li>– <b>Potential net annual statewide savings of ~ \$ 1.5 million annually</b> if fluoride varnishes were applied during EPSDTs for children birth to five instead of waiting to pay to fill the cavities that occur without this preventive treatment (Donahue, Washington Dental Service Foundation 2003)</li> <li>– In summary, it would cost the same amount to continue to pay for avoidable hospitalizations and caries treatment as it would to implement a Kids Get Care site at 44 additional locations and pay for fluoride varnishes throughout the state. Re-engineering primary care services to children to emphasize prevention can reduce unnecessary hospitalizations and cavity treatment.</li> </ul>		